



**MASTER LICENSE SERVICE**  
DEPARTMENT OF LICENSING  
PO BOX 9048  
OLYMPIA WA 98507-9048  
**Telephone: (360) 664-1400**

UBI

OWNER  
NAME

## APPLICATION FOR APPROVAL OF LIMOUSINE CHAUFFEUR TRAINING COURSE

Please type or print clearly in dark ink.

FOR VALIDATION—OFFICE USE ONLY

01P-400-731-0003

**FEE DUE: \$25 (non-refundable)**

*Make check payable to Washington State Treasurer*

Use this form to notify the Department of Licensing of your intent to offer a limousine chauffeur training course to your employees. If you plan to offer the course to the general public, you must also be licensed by the State of Washington Workforce Training and Education Coordinating Board.

### **A** APPLICANT INFORMATION

NAME OF SCHOOL		TELEPHONE	
STREET ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	

### **B** SIGNATURE OF BUSINESS OWNER

By signing below, the business owner certifies that the instructor(s) will strictly adhere to the chauffeur training curriculum established by the State of Washington

**X**

OWNER'S SIGNATURE

DATE

